



Complete Summary

TITLE

Nursing facility post-acute care: percent of short-stay residents with delirium.

SOURCE(S)

U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. National nursing home quality measures. User's manual. Cambridge (MA): Abt Associates, Inc.; 2004 Nov (v1.2). 48 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Outcome

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of short-stay residents with delirium.

RATIONALE

Delirium is not a normal part of aging. It should not be confused with dementia. Delirium is a serious condition requiring urgent medical attention. Left untreated the death rate is high. Finding and treating the cause of delirium can ensure proper treatment of a physical or mental problem, and help restore the resident's health and quality of life.

This measure is one of fifteen National Nursing Home Quality Improvement (NHQI) measures. These measures provide information to help consumers make informed decisions about their nursing home care. The measures are also

intended to motivate nursing homes to improve their care and to inform discussions about quality between consumers and clinicians.

PRIMARY CLINICAL COMPONENT

Post-acute care; delirium

DENOMINATOR DESCRIPTION

All patients with a valid skilled nursing facility prospective payment system (SNF PPS) 14-day assessment (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Number of short-stay residents from the denominator showing at least one symptom of delirium that represents a departure from usual functioning

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Nursing home compare. [internet]. Baltimore (MD): Centers for Medicare & Medicaid Services (CMS); 2000-[updated 2005 Sep 01]; [cited 2005 Nov 28].

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement
National reporting

Application of Measure in its Current Use

CARE SETTING

Long-term Care Facilities

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Patients of all ages

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

About 3 million elderly and disabled Americans received care in our nation's nearly 17,000 Medicare and Medicaid-certified nursing homes in 2001. Slightly more than half of these were long-term nursing home residents, but nearly as many had shorter stays for rehabilitation care after an acute hospitalization. About 75 percent were age 75 or older.

EVIDENCE FOR INCIDENCE/PREVALENCE

Nursing home quality initiative. Overview. Baltimore (MD): U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS); 2004 Jan 20. 3 p.

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

See "Rationale" field.

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients with a valid skilled nursing facility prospective payment system (SNF PPS) 14-day assessment

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients with a valid skilled nursing facility prospective payment system (SNF PPS) 14-day assessment

Exclusions

Patients satisfying any of the following conditions:

1. Patients who are comatose or comatose status unknown on the SNF PPS 14-day assessment.
2. Patients with end-stage disease or end-stage disease status is unknown on the SNF PPS 14-day assessment.
3. Patients who are receiving hospice care or hospice status is unknown on the SNF PPS 14-day assessment.

4. The quality measure (QM) did not trigger (patient not included in the numerator) and there is a missing value on any of the specified items on the SNF PPS 14-day assessment.

Refer to the original measure documentation for details.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Diagnostic Evaluation
Institutionalization

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
Number of short-stay residents from the denominator showing at least one symptom of delirium that represents a departure from usual functioning

Refer to the original measure documentation for details.

Exclusions
Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Special or unique data

LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

OUTCOME TYPE

Clinical Outcome

PRE-EXISTING INSTRUMENT USED

CMS Minimum Data Set - Resident Assessment Instrument (Version 2.0)

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a lower score

ALLOWANCE FOR PATIENT FACTORS

Risk adjustment devised specifically for this measure/condition

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

Risk adjustment refines raw quality measure (QM) scores to better reflect the prevalence of problems that facilities should be able to address. Two complementary approaches to risk adjustment were applied to the National Quality Forum (NQF)-endorsed QMs.

One approach involves exclusion of residents whose outcomes are not under nursing facility control (e.g., outcome is evidenced on admission to the facility) or the outcome may be unavoidable (e.g., the resident has end-stage disease or is comatose). For each QM, the prevalence of the outcome across all residents in a nursing facility, after exclusions, is the facility-level observed QM score.

A second approach involves adjusting QM scores directly, using logistic regression. This method of adjustment employs resident-level covariates that have been found to increase the risks of an outcome.

- First, resident-level covariates were used in a logistic regression model to calculate a resident-level expected QM score (the probability that the resident will evidence the outcome, given the presence or absence of characteristics measured by the covariates).
- Then, an average of all resident-level expected QM scores for the nursing facility was calculated to create a facility-level expected QM score.
- The final facility-level adjusted QM score was based on a calculation which combines the facility-level expected score and the facility-level observed score.

Refer to the original measure documentation for details.

STANDARD OF COMPARISON

External comparison at a point in time
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

The quality measures have been validated and are based on the best research currently available. These quality measures meet four criteria. They are important to consumers, are accurate (reliable, valid and risk adjusted), can be used to show ways in which facilities are different from one another, and can be influenced by the provision of high quality care by nursing home staff. A formal validation study was conducted involving 5,758 chronic and post-acute residents in 209 nursing facilities in 6 states.

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Abt Associates, Inc, U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Validation of long-term and post-acute care quality indicators. Cambridge (MA): Abt Associates, Inc.; 2003 Jun 10. 93 p.

Identifying Information

ORIGINAL TITLE

Percent of short-stay residents with delirium.

MEASURE COLLECTION

[Nursing Home Quality Initiative: National Nursing Home Quality Measures](#)

MEASURE SET NAME

[Post Acute Care Quality Measures](#)

DEVELOPER

Centers for Medicare & Medicaid Services

ENDORSER

National Quality Forum

INCLUDED IN

National Healthcare Disparities Report (NHDR)
National Healthcare Quality Report (NHQR)
Nursing Home Compare

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 Jan

REVISION DATE

2004 Nov

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Abt Associates, Inc, U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. National nursing home quality measures. User's manual. Cambridge (MA): Abt Associates, Inc.; 2004 Jan 1 (v1). 46 p.

SOURCE(S)

U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. National nursing home quality measures. User's manual. Cambridge (MA): Abt Associates, Inc.; 2004 Nov (v1.2). 48 p.

MEASURE AVAILABILITY

The individual measure, "Percent of short-stay residents with delirium," is published in "National Nursing Home Quality Measures. User's Manual." This document is available in Portable Document Format (PDF) from the [Centers for Medicare and Medicaid Services \(CMS\) Web site](#).

For more information, refer to the CMS Web site at, www.cms.hhs.gov.

COMPANION DOCUMENTS

The following is available:

- Nursing Home Compare. [internet]. Baltimore (MD): Centers for Medicare and Medicaid Services. 2000- [updated 2005 Sep 1]; [cited 2005 Nov 28]. This tool is available from the [Medicare Web site](#).
- Quality measures for long-stay residents. Baltimore (MD): Centers for Medicare & Medicaid Services; 2004 Nov. 16 p. This document is available in Portable Document Format (PDF) from the [Centers for Medicare & Medicaid Services \(CMS\) Web site](#).

NQMC STATUS

The NQMC summary was completed by ECRI on July 22, 2004. The information was verified by the measure developer on August 30, 2004. This NQMC summary was updated by ECRI on November 28, 2005. The information was verified by the measure developer on February 8, 2006.

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Date Modified: 9/25/2006

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